

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF ENVIRONMENTAL PROGRAMS
DIVISION OF MILK CONTROL

TRANSPORTATION INSPECTION RECORD

Name of Contract Hauler _____ Address _____

Name of Truck Tank Operator _____ Permit No. _____

Container ID No. _____ Serial # _____

Truck Tank or Container Tag No. _____ State _____

Product _____ Location: Milk Plant _____

Farm _____ Other _____

SAMPLE CASE	Satisfactory	Unsatisfactory	CONTAINER BODY	Satisfactory	Unsatisfactory
Cleanliness			*Cleanliness		
Tight Cover			*No Leakage		
Rigid Metal or Plastic			Safe Ladder		
Properly Insulated			Manhole Cover		
Ample Space for Icing			Gaskets		
Water Level Control			Hinges		
Drain Plug			Breather(s)		
Bleed Hole			Ferrules		
Other			Covers		
			Gaskets		
			Decal(s)		
			Proper & Legible		
			Cleaning Tag		

SAMPLE PROTECTION AND IDENTIFICATION	Satisfactory	Unsatisfactory	PUMP COMPARTMENT	Satisfactory	Unsatisfactory
Iced to 32°-40°			No Cracks or Holes		
Sufficient Ice or Coolant			*Pump		
Thermometer Accuracy			Gaskets		
T-Samples Identified			Impeller		
Tickets for each sample			Hose		
Samples Identified			Fittings		
Sample Protected from Contamination			Cleaning Equipment		
			Wrenches		
			Clean Compartment		
			Uncluttered		
			Door Gasket		
			Dustproof		

REMARKS: *This item will require immediate removal of container from service and after cleaning or repairs are made, container will require reinspection before reuse.

Operator or Owners Signature _____

DHMH Representative _____

DATE _____